SECTION 1.0
INTRODUCTION

The Plan originally assumes that a pandemic will increase the need for EMS activity. EMS activity will be impacted by an increased number of persons requesting care, expansion in triage activity and especially the opening of alternative treatment centers and inter-facility patient transfer.

EMS stakeholders shall include, but are not limited to; GFD, DPHSS, GMHA, GRMC, private clinics, non-emergency transports and government -owned and/or NGO public transportations.

A **Pandemic EMS Medical Director** will be appointed by the Governor to establish Pandemic protocols.

All stakeholders will identify an Infection Control Officer and shall comprise a taskforce with GMHA and DPHSS.

With only two civilian hospitals that provide direct patient care, infection control will be critical to preserving EMS capacity and slowing the spread of pandemic identified symptoms in the community. Therefore, EMS stakeholders must reinforce infection control practices including promoting annual influenza vaccination and the proper use of approved personal protective equipment (PPE).

Communication is a key factor both in preparation for and in response to a pandemic. GFD must ensure that they have strong communication links to GFD RAC at the OCD-EOC as delineated in the Guam Comprehensive Emergency Management Plan (GCEMP).

Develop Public Service Answering Points (PSAP) in reference to the symptoms identified for the pandemic. This aids the responders to properly identify the appropriate PPE to be utilized during response and patient contact.

SECTION 2.0
EMERGENCY MEDICAL SERVICES

PANDEMIC CONDITION OF READINESS (PCOR4):

- Activation of alternate means of non-emergency transport for pandemic identified patients.

- Templates of MOU's/MOA's should be identified when the local system has become overwhelmed.

- EMS remains 24-hour mission essential.

EMS stakeholders will:

- Promote routine annual influenza or other novel respiratory virus vaccination to all personnel.

- Develop an internal plan to immunize all personnel and essential ancillary staff in a short period of time, should a vaccine be made available for a virus causing a pandemic. Levels of priority staff need to be established as vaccine availability may be limited.

- Develop an internal plan to provide antiviral medications for prophylaxis and/or treatment of all personnel and essential ancillary staff should antivirals be made available for a virus causing a pandemic. Levels of priority staff need to be established as antiviral availability may be limited.

- Develop an education and training plan in accordance with CDC recommendation on pandemic to ensure that all EMS personnel understand the implications of and control measures for the pandemic and the current organization and community response plans.

- Develop a plan for triage and management of patients during a pandemic that includes the following: as antiviral availability may be limited.

- Develop an Infection Control Plan that addresses the following:

    - A Plan for implementing hygiene etiquette in line with CDC and DPHSS guidelines that is appropriate to mitigate pandemic transmission.

    - A Plan for the distribution of CDC approved transmission-based precautions to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues and receptacles for their disposal, and hand hygiene materials (i.e., hand sanitizers) in EMS and medical transport vehicles.

    - Implementation of Respiratory Hygiene/Cough Etiquette to be exercised when seasonal influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in the communities.

    - Review and Update as needed standard operating procedure requiring EMS personnel to use Standard and Droplet Precautions with symptomatic patients.

- Establish fit testing and skill training on all respiratory types used to prevent exposures.

- Reinforce infection control education and training of EMS personnel as described in Department's Employee Health and Infection Control policies and procedures.

- Develop an education and training plan in accordance with CDC recommendation on pandemic to ensure that all EMS personnel understand the implications of and control measures for pandemic and the current organization and community response plans.

- Develop a plan for triage and management of patients during a pandemic that includes the following:

    - A system for phone triage of patients calling 911 that includes pre-established criteria and coordination with current EMS protocols and CDC guidelines to determine who needs emergency transport.

    - A plan for coordination with receiving facilities such as alternative treatment sites, GMHA-ER, GRMC-ED, clinics, to manage the transportation of large numbers of patients during the height of the pandemic.

    - A standard operating procedure.

    - When personnel who are symptomatic but well enough to resume work will be permitted to continue working, based on DPHSS guidance.

    - Personnel who need to care for their ill family members.

    - For transporting multiple patients with pandemic identified symptoms during a single ambulance run.

    - The plan considers the possible necessity of sharing transportation resources or using vehicles other than those designed for emergency or medical transport (e.g., school buses).

- Develop an occupational health and continuity of operations plan that includes the following:

    - A liberal/non-punitive sick leave policy for managing EMS and fire personnel who have symptoms of, or documented illness with, pandemic identified symptoms.

- Stakeholders will identify with DPHSS guidance regarding personnel placed on leave for symptoms contracted while performing duties during a pandemic.

- Identify the agency's Standard Operating Procedures and Policies that address:
  - Handling of staff who become ill at work.

  - When personnel may return to work after recovering from pandemic identified symptoms.

  - A system for evaluating symptomatic personnel before reporting for duty that has been tested during a pandemic.

- Develop a plan to address surge capacity concerns during a pandemic that includes the following:

  - The minimum number and categories of personnel necessary to sustain EMS and non-emergent (medical) transport services on a day-to-day basis have been determined.

  - Anticipated consumable resources needs (e.g., N-95 respirators, masks, gloves, and hand hygiene products) have been estimated.

  - A primary plan and contingency plan to address supply shortages have been developed.

  - Designated Infection Control Officer or designee to receive further pandemic virus updates from DPHSS during a public health emergency.

<u>DPHSS will:</u>

- Collaborate with the EMS Stakeholders to develop a plan to immunize all pre-hospital personnel and essential ancillary staff, should a vaccine be made available for pandemic identified symptoms causing a pandemic. Levels of priority staff need to be established as vaccine availability may be limited.

- Develop a plan to provide antiviral medications for prophylaxis and/or treatment of all personnel and essential ancillary staff should antivirals be made available for a–virus causing a pandemic. Levels of priority staff need to be established, as antiviral availability may be limited.

- Collaborate with the GFD to offer and coordinate infection control education and training of EMS personnel relative to a pandemic.

- Coordinate and collaborate with the **Pandemic EMS Medical Director** and GFD Assistant Chief EMS/Rescue Bureau to identify alternate means for transporting non-critically ill patients to and between medical facilities or mass care sites.

PANDEMIC ALERT PERIOD PHASE 5 AND PANDEMIC PERIOD (PHASE 6)

EMS stakeholders will**:**

- Identify agency resources that may be or become limited during a pandemic. Communicate with Assistant Chief EMS/Rescue Bureau with regards to the following needs:
    - Staffing
    - Medical Supplies
    - PPE (e.g., N95 Respirators, gowns, masks, etc.)
    - Emergency Response Vehicles
- Monitor/identify critical gaps relative to the ability to provide emergency medical services with the Assistant Chief EMS/Rescue Bureau, Infection Control Officer and critical gaps to the EOC via the GFD RAC.
- Implement a plan to provide antiviral medications for prophylaxis and/or treatment of all personnel, essential ancillary staff and inpatients should antivirals be made available for a novel influenza virus causing a pandemic. Levels of priority staff and patients need to be established, as antiviral availability may be limited.

DPHSS will:

- Coordinate/collaborate with first responder agencies (such as GPD; CQA; PAG; GIAA; etc.) and the GFD Assistant Chief EMS/Rescue Bureau through the EOC as the pandemic evolves.
- Collaborate with the Assistant Chief EMS/Rescue Bureau or Infection Control Officer identifying gaps with the GFD RAC at the EOC.
- Collaborate with the Assistant Chief of EMS/Rescue Bureau or designee and the **Pandemic EMS Medical Director** regularly as the pandemic unfolds.
- Monitor status of EMS resources through Health Emergency Assistance Line and Triage Hub (HEALTH) and report to the EOC.

- Assist in mobilization and allocation of requested resources through HEALTH.

- Monitor for critical gaps in ability to provide emergency medical services through HEALTH.

- Provide regular updates to the **Pandemic EMS Medical Director** for EMS staff on the current status of the pandemic.

SECTION 3.0
SPECIFIC PRE-HOSPITAL CARE EMERGENCY MEDICAL SERVICES GUIDANCE

Patients with severe pandemic identified symptoms are likely to require emergency transport to the hospital. The following information is designed to protect EMS personnel during transport.

Any adjustments in patient receiving policies due to pandemic must be vetted through EMS stakeholders prior to implementation. This is to ensure EMS transport units are aware of changes and to avoid delays in patient care.

- Screen patients requiring emergency transport for symptoms of influenza or other pandemic identified symptoms.

- Follow standard and airborne precautions when transporting patients.

- Consider routine use of approved PPEs for all patient transport when pandemic virus is in the community.

- If possible, place a face mask on the patient to contain droplets expelled during coughing. If this is not possible (i.e., would further compromise respiratory status, difficult for the patient to wear), have the patient cover the mouth/nose with tissue when coughing, or use the most practical alternative to contain respiratory secretions.

- Oxygen delivery with a non-rebreather face mask can be used to provide oxygen support during transport. If needed, positive-pressure ventilation should be performed using a resuscitation bag-valve mask with attached viral filter.

- Unless medically necessary to support life, aerosol-generating procedures (e.g., intubation/nebulizers) should be avoided during pre-hospital care.

- Optimize the vehicle's ventilation to increase the volume of air exchange during transport. When possible, use vehicles that have separate driver and patient compartments that can provide separate ventilation to each area.

- Notify the receiving facility that a patient with possible pandemic identified symptoms is being transported.

- Follow CDC recommendation of decontamination procedures for disease specific infection control for cleaning of the emergency vehicle and reusable patient care equipment.